

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/446523

FILING DATE

28 DEC 1999

APPLICANT(S)

*Admayer*

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		(1)		1		
5		(1)		1		
6		(1)		1		
7		(1)		1		
8		(1)		1		
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TOTAL IND.	1		1			
TOTAL DEP.	9		14			
TOTAL CLAIMS	10		15			

	* INC.		* DEP.		* IND.	
	INC.	DEP.	INC.	DEP.	INC.	DEP.
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